



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 DEPT. OF STATE
 BUREAU ONLY

1. Entity ID Number 000140875		2. Exact name of the Corporation Scott Reynolds Painting, Inc												
3. Principal Office Address 16 Armory Drive			City Warwick	State RI	Zip 02889									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island House Painting												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Scott J Reynolds			Vice-President Name none											
Street Address 16 Armory Drive			Street Address											
City Warwick	State RI	Zip 02889	City	State	Zip									
Secretary Name none			Treasurer Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
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11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>														
Name of Authorized Representative Scott J Reynolds				Date 9/15/25										
Signature of Authorized Representative 														

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY

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FORM 630- Revised: 12/2023